

# The Initial Comprehensive Health Assessment (30 day exam) Job Aid

## Background

Children in out-of-home care are considered a vulnerable subpopulation of children (Leslie, et. al., 2003).

- Studies suggest that children in foster care have medical, dental, behavioral, developmental, emotional, behavioral, and/or mental health problems in numbers substantially higher than those of the general pediatric population (Steele & Buchi, 2008).
- Research indicates 30% to 80% of children in out-of-home care have a chronic health condition, with an estimated 25% of children having three or more chronic health conditions (Leslie, et.al., 2003; Ringeisen, Casanueva, Urato, & Cross, 2008, p. 232;).

A taskforce convened in 2000 by the Wisconsin Dept. of Health and Family Services to address the healthcare needs of Wisconsin children in out-of-home care indicated in its Legislative report “within thirty days of the child being placed in custody, a comprehensive physical and behavioral assessment should be made. Case planning which specifically addresses the unique needs of each child should also be performed within this period” (DHFS, 2001, p. 3).

Subsequently, Wisconsin Administrative Code HSF 56 Foster Home Care for Children enacted in March 2002 states:

“Within 30 days after the date that the child is placed in foster care, the foster parent shall arrange for medical and dental examinations of the child in accordance with the schedule of the HealthCheck program” (Wisconsin DCF, 2002, p. 29).

## Comprehensive Assessments

All children entering out-of-home care are eligible, and required, to receive an initial comprehensive health assessment within 30 days of initial placement *regardless of the date of the last well-child exam*. Comprehensive health assessments are critical to detecting health risk factors, obtaining relevant health information, and identifying health conditions for children entering out-of-home care.

The initial comprehensive assessment is completed by the child’s primary healthcare provider and includes:

- A comprehensive health and developmental history (including anticipatory guidance).
- A comprehensive unclothed physical exam.
- An age-appropriate vision screen.
- An age-appropriate hearing screen.
- An oral assessment plus referral to a dentist.
- Appropriate immunizations.
- Appropriate laboratory tests (i.e., lead testing).

- An age appropriate developmental screening.
- A nutritional assessment.
- Age appropriate mental health and substance abuse screening (EPSDT Standards, 2008).

## **Case worker activity**

### *At the Family Case Transfer Meeting:*

- Ask the biological parents the name of the child's primary healthcare provider
- Encourage the foster parents to continue healthcare services with the child's identified primary healthcare provider
  - Remind foster parents to request medical record transfers from the previous healthcare provider to the identified healthcare provider if a new healthcare provider is chosen. Consent for this request is addressed in the Authorization to Consent to Medical Treatment.
- Inform biological and foster parents of the requirement to complete the initial comprehensive health assessment within 30 days of entering out-of-home care

### *At the first face-to-face visit:*

- Remind the caregiver of the requirement to complete the initial comprehensive health assessment within 30 days of placement

### *At the second face-to-face visit:*

- Ensure completion of the initial comprehensive health assessment (30 day exam) by the child's identified primary healthcare provider

### *Upon confirmation of completion of the initial comprehensive health assessment:*

- **Documentation:**
  - Record the required information related to the completed initial comprehensive health assessment in eWiSACWIS on the Medical/Mental Health tab for each child (see attached documentation tip sheet for details).
  - Completion of the comprehensive health assessment must be documented on the Medical/Mental Health tab for tracking purposes.
  - A case note reflecting completion of the exam *does not* meet the documentation requirements.
- Ensure all healthcare follow-up recommendations are completed as indicated.

## Frequently Asked Questions

*What is a comprehensive health assessment and why do children need one?*

- The Comprehensive Health Assessment is the initial step in assessing and addressing the healthcare needs of children in out of home placement.
- Per *Wisconsin Statute HSF56* all children entering out of home care must have a Comprehensive Health and Developmental Assessment completed within 30 days of placement.

*Who performs a comprehensive health assessment?*

- The comprehensive health assessment is performed by the child's identified primary healthcare provider. This provider is a physician, nurse practitioner, or physician's assistant with the knowledge and skills necessary to provide health services to children.
- The healthcare professional who performs the comprehensive health assessment should continue to follow the child throughout his or her stay in out-of-home care as the primary healthcare provider (PCP).
- Whenever possible, extra efforts should be made to keep the child with the biological family's primary healthcare provider to support continuity of care for the child's benefit.

*Does the Foster Care Health Screen meet the requirement for a 30-day assessment?*

- The Foster Care Health Screen does not meet the requirements for an EPSDT comprehensive health exam and cannot be used in place of the 30 day health assessment.

*Do all children need a primary healthcare provider?*

- All children in out-of-home care are required to have an identified primary healthcare provider who will address and monitor their health needs as a component of ensuring overall health and wellbeing.
- *If you need assistance in identifying a primary healthcare provider resource for children entering out-of-home care, please contact the BMCW Health Unit.*

## Resources

Early and Periodic Screening and Diagnostic Treatment (EPSDT) Standards (2008). Accessed 11/15/2010 from URL: <http://www.brightfutures.org/wellchildcare/toolkit/states.html>.

Leslie, L., Hurlburt, M., Landsverk, J., Rolls, J., Wood, P., & Kelleher, K. (2003). Comprehensive assessments for children entering foster care: a national perspective. *Pediatrics*, 112(1), 134-142.

Ringeisen, H., Casanueva, C., Urato, M., & Cross, T. (2008). Special health care needs among children in the child welfare system. *Pediatrics*, 122(1), E232.

Steele, J.S. & Buchi, K.F. (2008). Medical and mental health of children entering Utah foster care system. *Pediatrics*, 122, 703-709.

Wisconsin Department of Children and Families (2002). *Foster home care for children*. Wisconsin Administrative Code. Accessed 11/15/11 from URL: [http://dcf.wisconsin.gov/memos/num\\_memos/2002/2002-04\\_hfs56%20attachment.pdf](http://dcf.wisconsin.gov/memos/num_memos/2002/2002-04_hfs56%20attachment.pdf)

## Appendix A: WiSACWIS Documentation of the Comprehensive Health Assessment:

https://apps.dcf.wisconsin.gov/?action=EDIT&fromWhere=desktop&ID\_CASE=9221929 - Maintain Case - - Windows Internet...

**eWiSACWIS** Print Spell Check Help

Case: 9221929

Name: Anderson, Amy Case Type: Child Welfare Status: Open 04/09/2008

County Milwaukee Site/Region: Milwaukee Region 2 WV-2 Region:

CARES Case #: County Case #: ☐ Restricted

**Participants** Address Collaterals Closing/Merge History

**Active Participants**

Name	Hshld	DOB	Gender	Relationship	Legal	Prg		
<a href="#">Anderson, Andrew (20859)</a>	Y	05/05/1995	Male	Biological Child	<a href="#">Agency Cstdw/Su - Plcmnt w/Lic Provider</a>	N	<a href="#">DeActivate</a>	<a href="#">Remove</a>

Number of Household Members: 1 **Insert**

**Inactive Participants**

Options:  **Go** **Save** **Close**

Done Trusted sites | Protected Mode: Off 100%

Enter the Case to be updated

Select the Casehead


Go to Participants tab

Click the **Child's name** for which medical information needs to be documented

Person Management 'Anderson, Andrew (20859)' -- Webpage Dialog

**eWiSACWIS** TM Print Spell Check Help

Basic Parent Info Additional Address Education Characteristics **Medical/Mental Health**

**Name**  
ID: 20859 Prefix: First Name: Andrew Mt: Last Name: Anderson Suf: 

**Basic**  
Gender: Male US Citizen Status: Unidentified County Person ID:  
Birth Date: 05/05/1995 Citizenship Verification: SSN:  
Commitment#: Birth Place: Death Date: 00/00/0000  
Wisconsin Resident: Yes Identity: HSRS ID:  
Religion: Marital Status: Single Male MCI ID:  
Primary Language: English ☐ Interpreter Required

**Race/Ethnicity/Tribal Identification**  
Race: White Ethnicity: Indian Tribe: Hispanic/Latino:  
Race: Indian Tribe: Indian Tribe 2:  
Race: Clan: Clan 2:  
Race: Status: Status 2:  
Race: Tribal Membership #: Tribal Membership # 2:

**Adoption Information**  
Child was previously Adopted: Not Determined Type of Adoption: Details  
Age Adopted: Pre-Adoptive Relationship to Child: ☐ Child Receives VI Adoption Assistance  
Options:

Select the **Medical/Mental Health** tab


Person Management 'Anderson, Andrew (20859)' -- Webpage Dialog

**eWiSACWIS** TM Print Spell Check Help

Basic Parent Info Additional Address Education Characteristics **Medical/Mental Health**

**Health Concern Information**

Health Concern	Medical/Provider Name	Type of Service	Provider Type	Start Date	End Date	
child has asthma	BBB	Child Protective Exam/CPC Child Protective Exam	Physician	12/11/2009	12/11/2009	<a href="#">Edit</a>



**Basic Information**  
Primary Health Care Provider:  
Physician: BBB Dentist: Mental Health:  
☐ Immunization Information ☐ Immunizations Up To Date Date: 00/00/0000 ☐ Immunizations Record On File  
☐ Growth Chart Measurements  
☐ Health Insurance Company/HMO  
Last AODA Evaluation: 00/00/0000 Last M/H Evaluation: 00/00/0000 Medical Assistance #:   
Options:

**Emergency Contact Information**  
Name: Relationship to Child: Home Phone Cell Phone Work Phone Ext  
Options:

Click the **Insert** button displayed at the bottom of the Health Concern information page

Click on [Search](#) to enter Healthcare Provider information

**To add/update a medical provider:**

Enter information in the necessary fields on the Medical Provider/Clinic page  
Click the Search button.

**To update an existing medical provider:**

Click the medical provider name link

The screenshot shows the 'eWiSACWIS' web application interface. The 'Health Concern Information' section contains the following fields and controls:

- Name:** Kellogg, Jimmer
- Person ID:** 9520726
- Health Concern:** A text area with a red arrow pointing to it.
- Medical Provider/Clinic:** Doctor, Timothy (A yellow arrow points to this field, and a 'Search' link is next to it).
- Medical Provider/Clinic Type:** Physician
- Primary?** A checkbox that is checked.
- Type of Service:** A drop-down menu showing '30 Day Comprehensive Health Assessment'.
- Medical Follow Up Recommended?** An unchecked checkbox.
- Dental Follow Up Recommended?** An unchecked checkbox.
- Service Begin Date:** 00/00/0000 (A green arrow points to this field).
- Service End Date:** 00/00/0000 (A green arrow points to this field).
- Procedure:** A text area (A green arrow points to this field).
- Diagnosis:** A text area (A pink arrow points to this field).

Below the 'Health Concern Information' section is the 'Medications' section, which includes a 'List of Medications' table with columns for Medication, Dosage / Frequency, Length of Time Prescribed, Reason Prescribed or Discontinued, and a 'Delete' button. The table currently shows 'Row 1 of 1'. There are 'Insert', 'Save', and 'Close' buttons at the bottom right of the form. A blue arrow points to the 'Save' button.

Click on the box next to **Primary** if the healthcare provider is the **child's primary healthcare provider**.

**Go to Type of Service:**

Select '**30 Day Comprehensive Health Assessment**' from the **drop-down menu**

If medical or dental follow-up is recommended by the healthcare provider, click the appropriate box

**Enter date Service Began and Ended (same date)**

**Enter relevant information in the Procedure box as indicated** (i.e. identified health concerns, follow-up recommendations, referrals, etc.)

Click on '**Save**' to save entered information

Click '**Close**' to exit Health Concerns